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PTO/SE/01 (12-97)

PLUCASION (1927)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Declaration Submitted with Initial

Submitted after Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)

Attorney Docket Numb	per 1024-406 PUR65
First Named Inventor	SEVICK-MURACA, Eva
COMPLET	TE IF KNOWN
Application Number	09/367,148
Filing Date —	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and obizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patient is sought on the invention entitled:

MAGING OF LIGHT SCATTERING TISSUES WITH FLUORESCENT CONTRAST AGENTS

the specification of which

(Tide of the Invention)

is attached hereto

Was field on (MMDDmm) 02/06/1998

as United States Application Number or PCT International

Application Number J. US98/U2354

and was amended on (MM/DDYYYY) n/a (if applicable),

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hemby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patient or inventor's conflictate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, lated debw and have also identified below, by checking the box, any foreign application for patient or eventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MWDDYYYY)	Priority Not Claimed	Certified Co	opy Attaches?
US98/02354 60/039,318	PCI US	02/06/1998	0000	0001	20 20 20 20 20 20 20 20 20 20 20 20 20 2

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/S8/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY) 60/039.318 02/07/1997

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time you are nequired to complete this form should be sent to the Chief Information Officer, Pathon and Trademark Officer, Washington, DC 2023.1. Oo NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 2023.1.

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DECLARATION — Utility or Design Patent Application

i hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, fisted below and, insofar as the subject matter of each of the claims of this application is not disclosed in the purited States of PCT international application in the manner provided by the Stat paragraph of 35 U.S.C. 112, justicewholep the duty to disclose information which is material to patentiality as defined in 37 CPR 1.56 which became available between the filing date of the prior application and the national on PCT international filing date of the application.

U.S. Parent Application of Number	Parent Filing Date (MM/DD/YYYY)		Patent Number applicable)	
60/039,318		02/07/1997	•	
PCT/US98/02354 <i>08/702.06</i>				5.754
Additional U.S. or PCT international appl		08/23/1996 a supplemental priority data s		
	Customer Number OR XIXRegistered practitioner(s Registration) name/registration number lists	ed below	Place Oustomer fumber Bar Code Label here Registration Number
L. Scott PAYNTER	#39,797		Number	
Additional recistered practitioner(s) name	d on supplemental Register	ed Practitioner Information shee	et PTO/SB/02C at	tached hereto.
	orner Number ar Code Label	OR [XXI Carrespond	lence address below

L. Scott Paynter at WOODARD, EMHARDT, NAUGHTON, MORIARTY & MCNETT Name Bank One Center/Tower, Suite 3700 Address 111 Monument Circle Address Indianapolis IN 46204 City State 317-634-3456 317-637-7561 Telephone

I hereby docture that all statements made herein of my own knowledge are true and that all statements made on information and befer are beferred to be true; and harther that these statements were made with the knowledge that withit false statements and the fike so made are pure trained by five or information, or both, under 18 U.S.C. 1001 and that such withit false statements may joinpardize the validity of the application or any patient issued thereon.

Name of Sole or F	irst Inventor		☐ A petition has been filed for this unsigned inventor							
Given Nar	ne (first and mi	ddle [if a	le lif anyl) Family Name or Sumame					mame		
Eva		,		Sev	/ick-Mu	aca	a			
Inventor's Signature	Pera S	Euro	I-Mu	aca	,			Date	47/19	
Residence: City	Lafayette		State	IN	Country	US		Citizenship	US	
Post Office Address	7650 East	: 100	North							
Post Office Address	Lafayette	e, In	diana 4	7905	us					
City	Lafayette	State	IN	21P	479	05	Country	US		
Additional invento	ors are being na	med on	the Laur	plementa	Additional In	rventor(s) s	heet(s) PTC	/SB/02A atta	ched here	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

Name of Addition	onal Joint Inventor, if any:								
Given Na	me (first and middle (if an		Family Name or Sumame						
Tamara L.	Tamara L.				Troy				
Inventor's Signature	Jamora	Ž.	- Tro	104.				ا	1/15/99
Residence: City	Chandler	State	AZ	Country	US		Citizen	ship	US
Post Office Address	3600 West Ray R	oad #2	102						
Post Office Address	3600 West Ray R	oad #2	102						
Сну	Chandler	State	, AZ	ZIP	85226	Countr	γ	US	
Name of Addition	nal Joint Inventor, if a	ny:		A petitio	on has been file	d for th	nis umsig	ned inv	rentar
Given Na	me (first and middle [if any	D			Family Na	me or	Sumame		
Jeffery S.				Rey	nolds				
Inventor's Signature	Juffy 5. 7	apr	bs-					9/3/99	
Residence: City	Granger	State	IN	Country	US		Citize	nship	US
Post Office Address	51325 Crooked	Oak Dr	ive				19		
Post Office Address	51325 Crooked	Oak Dr	ive						
City	Granger	State	IN	ZIP	46530	Cour	ntry	US	
Name of Addition	nal Joint Inventor, if ar	ıy:		A petitio	n has been file	d for th	is unsig	ned Inv	entor
Given Nar	ne (first and middle (if any	D			Family Na	ne or S	Sumame		
Inventor's Signature							De	ate	
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